



FORM  
GD1  
(Rev. 5/2012)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## FILER

Wakai

Glenn

S

Last Name

First Name

M.I.

State Legislature

Senator

State Agency

State Position

## CONTACT INFORMATION

Glenn Wakai

3054 Ala Poha Place #2009

Number and Street or P.O. Box

Honolulu

HI

96818

City

State

Zip Code

429-8683

GLENN@GLENNWAKAI.COM

Telephone

Extension

Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: None Date Received: NA  
Gift (Description): NA Value/Cost: NA
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Signature

Date

6/15/12

REC'D BY HAND DELIVERY